



Arkansas Secretary of State

Charlie Daniels

State Capitol • Little Rock, Arkansas 72201-1094
501-682-3409 • www.sos.arkansas.gov

Business & Commercial Services, 250 Victory Building, 1401 W. Capitol, Little Rock

CERTIFICATE OF LIMITED LIABILITY LIMITED PARTNERSHIP

(PLEASE TYPE OR PRINT CLEARLY IN INK)

1. The Name of the Limited Liability Limited Partnership is:

The name of a limited liability limited partnership must contain the phrase "limited liability limited partnership" or the abbreviation "LLLP" or "L.L.L.P." and may not contain the phrase "limited partnership" or the abbreviation "L.P." or "LP".

2. a. Street address for the initial designated office _____
b. Mailing address for the initial designated office if different _____
3. a. Name of initial agent for service of process _____
b. Street address for initial agent _____
c. Mailing address for initial agent _____
4. Provide the name, street and mailing address for each general partner.

_____ (Name)	_____ (Street Address)
	_____ (Mailing Address)
_____ (Name)	_____ (Street Address)
	_____ (Mailing Address)
_____ (Name)	_____ (Street Address)
	_____ (Mailing Address)
_____ (Name)	_____ (Street Address)
	_____ (Mailing Address)

If necessary please attach any additional general partners.

All general partners must sign this document.

I understand that knowingly signing a false document with the intent to file with the Arkansas Secretary of State is a Class C misdemeanor and is punishable by a fine up to \$ 100.00 and/or imprisonment up to 30 days.

Signed _____ (general partner)	(Date) _____	Signed _____ (general partner)	(Date) _____
Signed _____ (general partner)	(Date) _____	Signed _____ (general partner)	(Date) _____